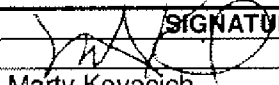


<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>09/977,600</td> </tr> <tr> <td>Filing Date</td> <td>October 12, 2001</td> </tr> <tr> <td>First Named Inventor:</td> <td>Wolf-Dietrich Weber</td> </tr> <tr> <td>Art Unit</td> <td>2189</td> </tr> <tr> <td>Examiner Name</td> <td>Peikari, Behzad</td> </tr> <tr> <td>Attorney Docket Number</td> <td>26517. 0018P</td> </tr> </table>	Application Number	09/977,600	Filing Date	October 12, 2001	First Named Inventor:	Wolf-Dietrich Weber	Art Unit	2189	Examiner Name	Peikari, Behzad	Attorney Docket Number	26517. 0018P
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Attorney Docket Number	26517. 0018P												
<p><b><u>I hereby revoke all previous powers of attorney given in the above-identified application.</u></b></p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith</p> <p><b>OR</b></p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">34284</span></p>													
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">34284</span></p> <p><b>OR</b></p>													
<input type="checkbox"/> Firm or Individual Name	Rutan & Tucker, LLP Thomas S. Ferrill Reg. No. 42,532												
Address	611 Anton Boulevard, Suite 1400												
City	Costa Mesa												
State	California												
Zip	92626												
Country	United States												
Telephone	(650) 320-1500												
Email	tferrill@rutan.com												
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71.  <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i></p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px 20px;">Sonics, Inc.</span></p>													
<p style="text-align: center;"><b>SIGNATURE of Applicant or Assignee of Record</b></p>													
Signature													
Name	Marty Kovacich												
Date	10/12/07												
Telephone	650-605-6114												
<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.</small></p>													
<p><input type="checkbox"/> *Total of _____ forms are submitted</p>													

**SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**